

SERVICE NEED LEVEL I (SNL) ASSESSMENT

CURRENT CASE NUMBER

ASSESSMENT DATE (MO/DAY/YEAR)

CLIENT'S NAME

AGE

CASE MANAGER'S NAME

HEIGHT

WEIGHT

DIAGNOSIS

Please complete all sections that apply

Please describe how this person is at risk of immediate out of home placement.

SNL 1 PHYSICAL SUPPORT NEEDS

	ASSISTANCE REQUIRED				
	I	S/LA	E	T	
Eating:					I = Independent S/LA = Supervision/Limited Assistance E = Extensive Assistance T = Total – complete non-participation by individual (Use CARE definitions per WAC 388-72A-0037)
Breakfast	0	4	7	10	
Light meal	0	4	7	10	
Main meal	0	5	10	15	
Toileting	0	5	10	15	
Ambulation	0	4	7	10	
Transfer	0	1	3	5	
Positioning	0	1	3	5	
Specialized body care	0	5	10	15	
Personal hygiene	0	1	3	5	
Dressing	0	4	7	10	
Bathing	0	4	7	10	
Needs two (2) adults to travel to medical services	0	1	2	3	
TOTAL					

If the CARE/CA has been completed, the task hours are:

SNL 1 BEHAVIOR ASSESSMENT

Specific behavior issues (to be considered "SNL 1, all seven (7) boxes must be checked):

- ☐ Needs 80 hours/10 days or more of family support.
- ☐ Lacks three (3) months history of this higher level of service.
- ☐ Is four (4) years of age or older.
- ☐ Has extreme behavior challenges resulting in health and safety issues for self and/or others:
 - ☐ Which resulted in serious property damage or physical injury to self or others within the last year; and
 - ☐ Requires constant monitoring when awake for personal safety reasons; and
 - ☐ Is of imminent danger to self or others as determined by a psychiatrist, psychologist, or other qualified professional (in client file).

Comments:

SNL 1 NURSING ASSESSMENT

DIAGNOSTIC INFORMATION

SPECIFIC SERVICE REQUIRING LICENSED CARETAKERS (LPN/RN)

Nursing hours needed per month: **Cost per month: \$**

REASON CHILD NOT ELIGIBLE FOR MEDICALLY INTENSIVE PROGRAM OR PRIVATE DUTY NURSING

OTHER COMMENTS

WORKER'S SIGNATURE

DATE

☐ **Approved as Service Need Level (SNL) 1**☐ **Not approved as SNL 1**

REVIEW COMMITTEE'S SIGNATURE

DATE